Resolution 2020-03

ACTION BY GOVERNMENT ENTITY
RESTATEMENT OF QUALIFIED RETIREMENT PLAN

The undersigned hereby certifies that at a meeting of the persons entitled to make decisions on behalf of Delaware Township, Pike County ("Employer"), the following resolutions were approved:

WHEREAS, the Employer has maintained the Delaware Township, Pike County Non-Police Pension Plan ("Plan") since 1-1-2006 for the benefit of eligible employees;

WHEREAS, the Employer has decided to restate the above-referenced Plan to comply with the requirements of the Pension Protection Act of 2006 (PPA), the Heroes Earnings Assistance and Relief Tax Act of 2008 (HEART Act), the Worker, Retiree, and Employer Recovery Act of 2008 (WRERA) and other applicable guidance; and

WHEREAS, the Employer wishes to appoint Board of Trustees of the Pennsylvania Municipalities Pension Trust as Trustee(s) of the Plan.

NOW, THEREFORE, BE IT RESOLVED that the Employer hereby adopts the Delaware Township, Pike County Non-Police Pension Plan as a complete restatement of the prior Plan, to be effective on 1-1-2019;

RESOLVED FURTHER that the Employer is authorized to execute the restated Plan document and perform any other actions necessary to implement the adoption of the Plan restatement. The Employer may designate any other authorized person to perform the actions necessary to adopt the Plan restatement. A copy of the Plan shall be retained in the business office of the Employer;

RESOLVED FURTHER that the Employer will act as administrator of the Plan and will be responsible for performing all actions necessary to carry out the administration of the Plan. The Employer may designate any other person or persons to perform the actions necessary to administer the Plan; and

The undersigned hereby certifies that he/she is an Authorized Representative of the Employer and that the foregoing is a true record of a resolution duly adopted at a meeting of the persons entitled to make decisions on behalf of the Employer and that said meeting was held in accordance with state law and the Bylaws of the above-named Employer.

IN WITNESS WHEREOF, I have executed my name below as an Authorized Representative of the Employer.

John D. Henderson 1/22/2020
Authorized Representative / Date

James E. Neufeld 1/22/2020

1/22/2020

Attest:

1/22/2020
Krista Predmore, Administrator